

**APPLICATION FOR REIMBURSEMENT FOR NURSING ASSISTANT
TRAINING AND COMPETENCY TESTING
IMPORTANT – Please Read Attached Instructions**

To Be Completed By Applicant- Section A

Name (Print): _____
(First) (Middle Initial) (Last)

Date of Birth (Required) _____ Phone # _____ Cell Phone # _____

Mailing Address _____ City _____ State _____ Zip _____

Name of Approved Nursing Assistant (NA) Training Program _____

Start Date _____ End Date _____ Test Date _____

Name of New Hampshire Nursing Facility where you are or were employed: _____

I am applying for financial reimbursement in the amount of \$ _____, which is the cost of the Nursing Assistant Program and/or competency testing that I successfully completed. I have attached a receipt to this application documenting payment for the Nursing Assistant Program and/or competency testing.

Check the box that applies:

- ☐ I have paid for the course and/or competency testing entirely from my own personal funds.
- ☐ Another source/person has paid for all or a portion of my training and/or competency testing in the amount of \$ _____.

I attest that the information provided above is accurate and that I am/have been employed by the Nursing Facility named above. Signature of Applicant _____ Date _____

**To Be Completed By The NH Nursing Facility Administrator- Section B
(The Administrator of Record must sign this section).**

Applicant Name: _____ Hire Date: _____

Name of NH Nursing Facility: _____

Applicant (please circle) is currently employed was employed as a Nursing Assistant at this facility.

Nursing Facility Administrator's Name (print): _____

By my signature below, I attest that the information provided above is accurate.

Signature of Nursing Facility Administrator: _____ Date: _____

Phone # _____ Nursing Facility License Number: _____

To Be Completed By The NH Board of Nursing- Section C

The NH Board of Nursing Nurse Aide Registry confirms that the records indicate the above named applicant has successfully completed an approved nursing assistant training program and/or competency testing within 12 months prior to the date of hire.

Signature: _____ Date: _____

Title: _____ Registry Number: _____

To Be Completed By the DHHS Bureau of Elderly and Adult Services- Section D

Please process for payment in the amount of: \$ _____

Signature: _____ Date _____

To Be Completed by the DHHS Office of Finance- Section E

Amount Paid \$ _____ Date: _____ Check Number: _____

INSTRUCTIONS TO FORM 292, "APPLICATION FOR FINANCIAL REIMBURSEMENT FOR NURSING ASSISTANT TRAINING AND COMPETENCY TESTING" PURPOSE:

Form 292 is used by Nursing Assistants (NA) to apply for financial reimbursement from the NH Department of Health and Human Services (DHHS), Bureau of Elderly and Adult Services (BEAS) for nursing assistant training and/or competency testing, pursuant to He-E 804. Financial reimbursement for training or competency testing is available to an NA who:

- Has completed an NA training program approved by the NH Board of Nursing and/or successfully passed the competency test;
- Has completed the required training course and/or competency testing no more than 12 months prior to the date of hire at the facility;
- **Is or was employed by a licensed nursing facility** since being placed on the NH Board of Nursing Nurse Aide Registry (**employment in other types of health care settings, including but not limited to: assisted living, residential care facilities, hospice programs, hospitals, and home health agencies is not eligible for reimbursement**);
- **Has paid for the NA training or testing from his/her own funds;** and
- Has not received full financial assistance from another source/person to pay for the training or competency testing.

INSTRUCTIONS

Section A: Applicant – Please read thoroughly:

The applicant completes Section A only and sends the form to the administrator of the nursing facility where the applicant is/was employed. **A receipt(s) must be attached to the form that shows the cost that the NA paid for the training and/or competency testing. The receipt must have the training/testing facility's name and address imprinted on it. Only costs associated with taking the course and/or testing that the NA paid out of his or her own personal funds are eligible for reimbursement. Costs for criminal records background checks, uniforms, pins, etc. are not reimbursable. The receipt for payment may be: a one-page statement that shows the amount charged for the training and/or testing and the amount paid by the NA, a receipt for a cash payment, copies of both sides of a check used to make payment, or a copy of a credit card payment made to the training/testing site.**

Section B: NH Nursing Facility Administrator

The nursing facility administrator completes Section B of Form 292 to certify that the applicant is or was employed by the facility and sends the form, **with the attached receipt(s)**, to the New Hampshire Board of Nursing Nurse Aide Registry, 21 South Fruit Street, Suite 16, Concord, NH 03301-2431.

Section C: NH Board of Nursing

The NH Board of Nursing Nurse Aide Registry completes Section C of Form 292 to certify that the applicant successfully completed an approved nursing assistant training program and/or competency testing within 12 months prior to the date of the applicant's date of hire. The Registry sends the original application, with the attached receipts, to the Department of Health and Human Services, Bureau of Elderly and Adult Services, 129 Pleasant Street, Concord, NH 03301-3857.

Section D: Bureau of Elderly and Adult Services (BEAS)

The Bureau of Elderly and Adult Services (BEAS) verifies that the form is completed correctly and that the appropriate receipts are attached, and then approves or denies the reimbursement. If reimbursement is denied, BEAS notifies the applicant in writing of the reason(s) for denial and what steps, if any, the applicant may take to receive reimbursement. If reimbursement is approved, BEAS completes Section D, indicating the amount of reimbursement to be made, and signs and dates the request for reimbursement. BEAS retains a copy of Form 292 and the applicant's receipt(s), sends a copy of the approved application to the NH Board of Nursing Nurse Aide Registry and submits the original to the DHHS Office of Finance, Accounts Payable.

Section E: DHHS Office of Finance

The DHHS Office of Finance, Accounts Payable completes Section E, retains the original form and submits Form 292 to the NH Department of Administrative Services for processing.

RETENTION

The DHHS Office of Finance and Bureau of Elderly and Adult Services each retain a copy of Form 292 for three years.